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26308 7590 12/30/2008

**RYAN KROMHOLZ & MANION, S.C.**  
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**Angela D. Raasch**

(Depositor's name)

*Angela D. Raasch*

(Signature)

**23 March 2009**

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/676,729	10/01/2003	David A. Rahdert	9542.18427-FOR	2935

TITLE OF INVENTION: DEVICES, SYSTEMS, AND METHODS FOR RETAINING A NATIVE HEART VALVE LEAFLET

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	03/30/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS				
STEWART, ALVIN J	3774	623-002360				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<b>03/25/2009 NNGUYEN2 00000095 10676729</b> <b>01 FC:2501</b> <b>02 FC:1564</b>	<b>755.00 OP</b> <b>300.00 OP</b>	<b>RYAN KROMHOLZ &amp; MANION</b> <b>S.C.</b>	2 _____ 3 _____	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Ample Medical, Inc.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Foster City, CA 94404**  
**U.S.**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

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 Publication Fee (No small entity discount permitted)  
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A check is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **06,2360** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Thomas J. Krumenacher*

Date **23 March 2009**

Typed or printed name

**Thomas J. Krumenacher**

Registration No. **56,736**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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